

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L0000008011

FILED

02 DEC 20 PH 5:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L0000008011

Name and Mailing Address

0000660 01 FP 0.352 **PRSR T3 0 0615 32801-343130



TROPICAL SEEDS, LLC
255 S. ORANGE AVE., STE 955
CITRUS CENTER
ORLANDO FL 32801-3431

300009619843
12/20/02--01084--002 **150.00

MJM



12/20 2002

US

2. New Mailing Address 7809 W. COMMERCIAL BLVD.		4. State/Country of Formation FL	
City, State, Zip TAMARAC, FL. 33351		5. Date Organized or Qualified To Do Business in Florida 07/07/2000	
Principal Place of Business 255 S. ORANGE AVE., STE 955 CITRUS CENTER ORLANDO FL 32801 US	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 52-2339148 APPLIED FOR
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent HAYES & ASSOCIATES, CPA 2102 EAST ROBINSON STREET ORLANDO FL 32803		9. Name and Address of New Registered Agent Name GEORGE L. GOBER & Co Street Address (P.O. Box Number is Not Acceptable) 7809 W. COMMERCIAL BLVD. City TAMARAC State FL Zip Code 33351	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Date **12/17/02**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M Mgr	SEMILLAS PAPALOTLA, S.A. DE C.V.	255 S. ORANGE AVE., STE 955 CITRUS CENTER	ORLANDO FL 32801

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Date **12/17/02** Daytime Phone # **(954) 726-8866**

EDUARDO STERN

CR2E084 (8/02)